ANDISBURSEMENTS REPORT OF REC

Delbert Hosemann SECRETARY OF STATE



Committee to Elect Jeff Weill Name of Committee P.O. Drawer 12753, Jackson, MS 39236 Address 601-354-4926 601-354-4947 Telephone Walter Murphy wnmurphy2@comcast.net Treasurer Email Check here if above is different from previous report TYPE OF REPORT October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)......Mandatory November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)......Runoff Candidates Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting obligations expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period,
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISRUPSEMENTS

lte:	mized + Non-itemized =	This Period	Calendar Year-To-Date
otal amount of contributions \$ 17	,550.00+\$ 11,455.00 \$	29,005.00	\$ 128,463.37
otal amount of disbursements \$ 73	,193.80+\$ 1,536.65 \$	74,730.45	\$ 117,840.98
otal amount of cash on hand	\$	10,622.39	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall

result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 38205 or fax to 601-359-1499 or 601-576-2819.

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Reporting period 10-1-2010 through 12-31-2010

A. Source: □ Corporation □ PAC 및 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jeff Almand	10 / 12 / 10	\$ 2,000.00
Mailing Address	1.1	\$
107 Cherry Laurel Circle City, State, Zip Code		\$
Ridgeland, MS 39157 Name of Employer (Required)		S
MS Sports Medicine		*
Occupation (Required) Physician	Aggregate year-to-date	\$ 2,000,00
B. Source: □ Corporation □ PAC 및 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 12 / 10	\$ 500.00
Stephen Stewart Mailing Address		\$
235 St. Andrews Drive City, State, Zip Code		S
Jackson, MS 39211	_'_'_	•
Name of Employer (Required) FSS Mgmt., LLC	_'_'_	\$
Occupation (Required) Investments	Aggregate year-to-date	\$ 500.00
C. Source: □ Corporation □ PAC 및 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Carl Reddix	10 /12 /10	\$ 500.00
Mailing Address 5903 Ridgewood Rd., Suite 310	11	\$
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) Health Assurances, LLC		\$
Occupation (Required) Physician	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mrs. Walter Wilder	10 /14 /10	\$ 250.00
Mailing Address 2660 Lake Circle		\$
City, State, Zip Code Jackson, MS 39211	11	\$
Name of Employer (Required) N/A		\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 250.00

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Reporting period 10-1-2010 through 12-31-2010

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Carson Hughes	10 /14 /10	\$ 500.00
Mailing Address 1018 Highland Colony Parkway, Suite 700		\$
City, State, Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required) Telaplex, Inc.		\$
Occupation (Required) Corporate Officer	Aggregate year-to-date	\$ 500.00
B. Source: Corporation C PAC Cx Individual C Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
J. Peyton Randolf, II	10 /14 /10	\$ 500.00
Mailing Address 613 Steed Road		\$
City, State, Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required) Self employed		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name James H. Creekmore	10 /14 /10	\$1,000.00
Mailing Address 4658 Old Canton Rd.		\$
Jackson, MS 39211	_'_'_	\$
Name of Employer (Required) Telaplex, Inc.		\$
Occupation (Required) Corporate Officer	Aggregate year-to-date	\$1,000.00
D. Source: Corporation PAC RIndividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wade Creekmore, Jr.	10 /14 /10	\$1,000.00
Mailing Address 1018 Highland Colony Parkway, Suite 700	_'_'_	\$
City, State, Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required) Telaplex, Inc.	_'_'_	\$
Occupation (Required) Corporate Officer	Aggregate year-to-date	\$1,000.00

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Name of Candidate or Committee $\underline{\hspace{0.1cm}}$ Committee to Elect Jeff Weill

Reporting period 10-1-2010 through 12-31-2010

A. Source: □ Corporation □ PAC ᡚ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mike McNames	10 / 18 / 10	\$ 300.00
Mailing Address		S
P.O. Box 12781		*
City, State, Zip Code		s
Jackson, MS 39236		•
Name of Employer (Required) Information requested	1 1	\$
Occupation (Required)	Amounto	
Information requested	Aggregate year-to-date	\$ 300.00
B. Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 20 / 10	\$ 250.00
Tom Dunbar	<u>10 / 20 / 10</u>	250.00
Mailing Address	, , , , , , , , , , , , , , , , , , ,	\$
2476 Eastover Drive	-'-'-	
City, State, Zip Code		\$
Jackson, MS 39211		
Name of Employer (Required)	20 21	s
Self Employed	I — ' — ' —	
Occupation (Required)	Aggregate	\$
Attorney	year-to-date	250.00
C. Source: □ Corporation □ PAC ☒ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 20 / 10	\$ 250.00
Lynda Costas		
Mailing Address 1200 Meadowbrook Rd. #17	1 1	\$
City, State, Zip Code		
Jackson, MS 39206		\$
Name of Employer (Required)		\$
Self Employed		*
Occupation (Required)	Aggregate	\$
Investments	year-to-date	250.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 20 / 10	A F00 00
Ben Puckett, Sr.	<u>10 / 20 / 10</u>	\$ 500.00
Mailing Address		\$
P.O. Box 3170		(3.5)
City, State, Zip Code		\$
Jackson, MS 39207 Name of Employer (Required)		756 755
Puckett Machinery Co.	//_	\$
Occupation (Required)	Aggregate	\$ 500.00
Corporate Officer	year-to-date	500.00

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Reporting period 10-1-2010 through 12-31-10 ITEMIZED RECEIPTS

A. Source: □ Corporation □ PAC 및 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Phillip Thomas	10 / 20 / 10	\$ 500.00
Mailing Address P.O. Box 24464		\$
City, State, Zip Code	, ,	\$
Jackson, MS 39225		
Name of Employer (Required)	1 1	\$
Self Employed Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lee Nicols	10 / 20 / 10	\$ 1,000.00
Mailing Address		s
119 N. State Street, Suite 502		37.1
City, State, Zip Code	1 1	\$
Jackson, MS 39202		
Name of Employer (Required)	1 1	\$
Central Surgical Associates Occupation (Required) Physician	Aggregate	\$ 1,000.00
C. Source: Corporation PAC Individual Loan	year-to-date	
Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Park Development, LLC	10 / 21 / 10	\$ 250.00
Mailing Address 124 One Madison Plaza, Suite 1500		\$
City, State, Zip Code Madison, MS 39110		\$
Name of Employer (Required) N/A		\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 250.00
D. Source: □ Corporation □ PAC 및 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jon Turner	10 / 21 / 10	\$ 250.00
Mailing Address 1315 Fontaine Drive		\$
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) BKD, LLP		\$
Occupation (Required) CPA	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee Committee to Elect Jeff Weill

Reporting period 10-1-2010 through 12-31-10

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	40 . 04 . 40	
Shane Langston	<u>10 / 21 / 10</u>	500.00
Mailing Address	8 8	\$
2214 Heritage Hill Dr.		(B)
City, State, Zip Code		s
Jackson, MS 39211		*
Name of Employer (Required)		\$
Langston & Associates	Accounts	
Occupation (Required)	Aggregate year-to-date	\$ 500.00
At formey B. Source: □ Corporation □ PAC ☆ Individual □ Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		e
	10 / 21 / 10	500.00
Joe Lauderdale		e
Mailing Address	1-1-1	\$
P.O. Box 3770		
City, State, Zip Code	, ,	\$
Jackson, MS 39207	-'-'-	
Name of Employer (Required)	1 1	\$
Sunbelt Sealing, Inc.		
Occupation (Required) Slab Stabilization, sealing	Aggregate year-to-date	\$ 500.00
C. Source: □ Corporation □ PAC □ Individual □ Loan ☑ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Sports Medicine & Orthopaedic Ctr., PLLC	10/21/10	\$ 1,000.00
Mailing Address		\$
P.O. Box 16870	''-	l A
City, State, Zip Code	8 8	\$
Jackson, MS 39236	_'_'_	⁽³⁾
Name of Employer (Required)		\$
N/A	— / — / — ·	
Occupation (Required) N/A	Aggregate year-to-date	\$ 1,000.00
D. Source: □ Corporation □ PAC 및 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	4.0	
J. Russell Rooks Mailing Address	10 21 10	\$ 500.00
1190 N. State Street, Suite 502		\$
City, State, Zip Code		2
Jackson MS 39202		\$
Name of Employer (Required)	72 0	
Central Surgical Associates		\$
Occupation (Required) Physician	Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee Committee to Elect Jeff Weil1 10-1-2010

Reporting period_

through 12-31-2010

A. Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Wirt A. Yerger, III	11 /1 /10	\$ 250.00	
Malling Address		\$	
2125 Heritage Hill Drive	11	*	
City, State, Zip Code		•	
	111	\$	
Jackson, MS 39211 Name of Employer (Required)			
Information Requested		\$	
Occupation (Required)			
Communications	Aggregate year-to-date	\$ 250.00	
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt	
☑ Other (please specify) PLLC	(Mo., Day, Year)	this period	
Full name		\$	
Adcock & Morrison, PLLC	10 /29 /10	250.00	
Mailing Address		s	
P.O. Box 3308			
City, State, Zip Code		\$	
Ridgeland, MS 39158	-'-'-		
Name of Employer (Required) N/A		\$	
Occupation (Required) Attorneys	Aggregate year-to-date	\$ 250.00	
C. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name W.P. Bridges, Jr.	10 /29 /10	\$ 250.00	
Mailing Address	9 9	\$	
1904 Lakeland Drive	-/-/-		
City, State, Zip Code		\$	
Jackson, MS 39216			
Name of Employer (Required)		\$	
Retired	-/-/-	2	
Occupation (Required) Retired	Aggregate year-to-date	\$ 250.00	
D. Source: □ Corporation □ PAC	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name A.E. Stallings, Jr.	10 / 29 / 10	\$ 250.00	
Mailing Address 2419 Meadowbrook Rd.	11	\$	
City, State, Zip Code			
Jackson, MS 39211 Name of Employer (Required)		\$	
Lakeland Anesthesia, PLLC	_/_/_	\$	
Occupation (Required) Anesthesiologist	Aggregate year-to-date	\$ 250.00	

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Reporting period 10-1-2010 through 12-31-2010

A. Source: Corporation PAC Individual Loan COther (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	10, 29, 10	\$ 250.00	
Carroll Bufkin, PLLC		_	
Mailing Address	1 1	\$	
1671 Lelia Drive			
City, State, Zip Code Jackson, MS 39216		\$	
Name of Employer (Required) N/A		\$	
Occupation (Required) Attorneys	Aggregate year-to-date	\$ 250.00	
B. Source: Corporation C PAC Individual C Loan		Amount of each	
M Other (please specify) PLLC	(Mo., Day, Year)	receipt this period	
Full name Grenfell, Sledge & Stevens, PLLC	<u>10 /29 /10</u>	\$ 1,000.00	
Mailing Address 1535 Lelia Drive		\$	
City, State, Zip Code Jackson, MS 39216		\$	
Name of Employer (Required) N/A		\$	
Occupation (Required) Attorneys	Aggregate year-to-date	\$ 1,000.00	
C. Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Chris Burrow	10 /26 /10	\$ 250.00	
Mailing Address 1638 Wilhurst Street		\$	
City, State, Zip Code Jackson, MS 39211		\$	
Name of Employer (Required) Zimmer Orthopeadics		\$	
Occupation (Required) Medical Sales	Aggregate year-to-date	\$ 250.00	
D. Source: □ Corporation □ PAC □ Individual □ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	10 /26 /10	\$ 250.00	
Gunn for Legislature Mailing Address B. O. Porr 428	_1_1	\$	
P.O. Box 428 City, State, Zip Code		1/20 1/20	
Clinton, MS 39060		\$	
Name of Employer (Required)	1 1	\$	
N/A Occupation (Required) N/A	Aggregate year-to-date	\$ 250.00	

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Reporting period 10-1-2010 through 12-31-2010

A. Source: □ Corporation □ PAC IXIndividual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 25 / 10	1,000.00
Percy S. Stanfield, Jr.		
Mailing Address	1 1	\$
405 Tombigbee Street		
City, State, Zip Code	1 1	\$
Jackson, MS 39201		
Name of Employer (Required)	1 1	\$
Stanfield Hall & Associates, PLLC	0	-
Occupation (Required) Attorney	Aggregate year-to-date	1,000.00
B. Source: □ Corporation □ PAC ☑ Individual □ Loan	you to date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		¢
	10 /25 /10	250.00
Tom Tardy Mailing Address		S
	111	*
P.O. Box 22608		
City, State, Zip Code	1 1	\$
Jackson, MS 39225		
Name of Employer (Required)	1 1	\$
Forman Perry Watkins Krutz & Tardy		
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year-to-date	
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 105 110	
Chhabra & Gibbs PA	10 / 25 / 10	500.00
Mailing Address	· · · · ·	\$
120 N. Congress St., Suite 200		
City, State, Zip Code	2 3	\$
Jackson, MS 39201	—'—'—	
Name of Employer (Required)		\$
N/A		10
Occupation (Required)	Aggregate	\$
Attorneys	year-to-date	500.00
D. Source: Corporation PAC Talle Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Proc. Print, 172 112 112 112 112 112 112 112 112 112	
Full name Jim Almas	<u>10 / 25 / 10</u>	\$ 500.00
Mailing Address	1 1	\$
171 Winged Foot Circle		M
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required)		2
JPA Pathology		\$
Occupation (Required)	Aggregate	\$ 500.00
Pathologist	year-to-date	* 500.00

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Name of Candidate or Committee _

Committee to Elect Jeff Weill

Reporting period_

10-1-2010

_ through ___

12-31-2010

A. Source: Corporation PAC Individual Loan XOther (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	11 / 2 / 10	\$ 500.00	
Don Evans, PLLC	11 / 2 / 10		
Mailing Address	11	\$	
500 E. Capitol Street City, State, Zip Code		*	
Jackson, MS 39201	//	\$	
Name of Employer (Required)	W 15	s	
N/A	_/_/_	*	
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name		\$	
Mailing Address		\$	
City, State, Zip Code		\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$	
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	11	\$	
Mailing Address	11	s	
City, State, Zip Code		s	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name		\$	
Mailing Address		\$	
City, State, Zip Code		\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$	

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Name of Candidate or Committee Committee to Elect Jeff Weill

Reporting period 10-1-2010 through 12-31-2010

A. Full name Jeff Pedigo - Ad Agent	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10. 5 . 10	\$ 900.00
5378 Jamacia Drive	10/5/10	300.00
City, State, Zip Code	10/25/10	\$ 900.00
Jackson, MS 39211	_11/_5/10	900.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 4,500.00
B. Full name	Date	Amount of each
Ameri Mail Digital Direct LLC	(Mo., Day, Year)	disbursement this period
Mailing Address 10/25/10 897.21	10/6/10	\$ 6,370.80
P.O. Box 2174 10/26/10 1,358.92	10 / 8/10	2-120-//
City, State, Zip Code 10/28/10 800.00	10/ 19 10	\$ 6,370.80
Jackson, MS 39225-2174	10/19/10	\$ £: 37 8:88
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 2,431.30 36,986.52
C. Full name The Republic Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		•
210 E. Capitol, Suite 1900 11-16-10 319.5	50 <u>10 / 7 / 10</u>	3 1,000.00
City, State, Zip Code	10/27/10	s 1,970.00
Jackson MS 39201	10/18/10	1,00.00
Purpose of Disbursement (Optional)	Aggregate	6
The state of the s	Year-to-date	23,131.93
D. Full name	Date	Amount of each
Northside Sun	(Mo., Day, Year)	disbursement this period
Mailing Address	10 / 7 /10	\$ 501.89
246 Briarwood Drive		
City, State, Zip Code	12 / 6 / 10	\$ 2,057.52
Jackson, MS 39236		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,859.41
E. Full name	Date	Amount of each
Lamar Companies	(Mo., Day, Year)	disbursement this period
Mailing Address	10 / 8 / 10	s 500.00
P.O. Box 96030	10, 0, 10	300.00
City, State, Zip Code	12 / 14 / 10	500.00
Baton Rouge, LA 70896	27 247 20	30000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
F. Full name	Date	Amount of each
Alpha Printing	(Mo., Day, Year)	disbursement this period
Malling Address	10 , 12 , 10	\$ 1,000,10
P.O. Box 7106	10,12,10	1,086.10
	23 22	S
City, State, Zip Code	1	
Jackson, MS 39282-7106		

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Reporting period _______10-1-2010 ______ through ______12-31-2010

A Full name James Hendrix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5106 Old Canton Rd.	10/18/10	\$ 150.00
City, State, Zip Code Jackson, MS 39211	10 / 25/ 10	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1,100.00
B.Fullname Primos Cafe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 515 Lake Harbour Drive	10 / 19/ 10	\$ 366.57
City, State, Zip Code Ridgeland, MS 39157-4208		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 366.57
C. Full name WFMN - FM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6311 Ridgewood Road	10 / 19/10	\$ 1,200.00
City, State, Zip Code	1 1	s
Jackson, MS 39211 Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1,200.00
D. Full name	Date	Amount of each
WJNT / WOAD	(Mo., Day, Year)	disbursement this period
731 S. Pear Orchard, Suite 27	<u>10, 19, 10</u>	\$ 1,425.00
Ridgeland, MS 39157	10 / 23/ 10 10 / 38/10	\$ 250.00 250.00
Purpose of Disbursement (Optional)	10 / 28/10 Aggregate Year-to-date	s 1,925.00
E. Full name Garden Graphics - Geoff Gleason	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5405 Marblehead Drive	10/23/10	\$ 156.00
City, State, Zip Code Jackson, MS 39211	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 490.75
F. Full name WRBJ	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 N. State Street	10 /23 / 10	\$ 400.00
City, State, Zip Code Jackson, MS 39202	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00

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Reporting period ______10-1-2010

_____through _____12-31-2010

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	10 (22 (10	\$ 400.00
1018 Pecan Park Circle	10 / 23 / 10	400.00
City, State, Zip Code Jackson, MS 39209	10 / 23/10	\$ 40.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 440.00
B. Full name Tann, Brown & Russ Co., PLLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 415 East Capitol Street	11 / 9 10	\$ 2,500.00
City, State, Zip Code Jackson, MS 39201		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 2,500.00
C. Full name River Hills	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3600 Ridgewood Rd.	11/11/10	\$ 497.98
City, State, Zip Code	20. 2	S
Jackson, MS 39211	''-	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1,333.29
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tony Geiger Mailing Address		e
1776 Plantation Blvd.	11/15/10	500.00
City, State, Zip Code	16 63	s
Jackson, MS 39211	_'_'_	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	500.00
E. Full name Fernandez Creative	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		e
200 Commerce Street	<u>10 / 27/10</u>	160.00
City, State, Zip Code	10 / 20/10	\$ 160.00 -·
Jackson, MS 39201 Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 320.00
F. Full name	Date	Amount of each
Jeff Weill	(Mo., Day, Year)	disbursement this period
Mailing Address 1768 Lelia Drive	12/15/10	\$- 21,594.87
City, State, Zip Code	20 6.55	\$
Jackson, MS 39216	_/_/_	67/2
Purpose of Disbursement (Optional) Repay funds previously advanced	Aggregate Year-to-date	21,594.87

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Page	-	of T	

Reporting period 19-1-2010 through 12-31-10

A Full name The Mississippi Bar	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Some Some The	\$ 166.25
P.O. Box 2168	12/21/10	100.25
City, State, Zip Code	1 1	S
Jackson, MS 39225-2168		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 549.65
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//_	S
City, State, Zip Code	_1_1_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S